

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \*

Place of Birth *Miami, Ariz.*  
(Registration District)

County *DeLa*

No. *Savis Cannon*

SEX OF CHILD\* Twin  
*male* Triplet } and } Number  
or other? in order  
of birth *1*

I HEREBY CERTIFY that the child described herein  
has been named

DATE OF BIRTH\* *Sept. 4 1921*  
(Month) (Day) (Year)

*James Vizcaya*  
(Give name in full) (Surname)

FULL\* FATHER  
NAME *Candido Lopez Vizcaya*

*C. L. Vizcaya*  
(Parent's Signature)

FULL\* MOTHER  
MAIDEN NAME *Maria Cuen*

*C. L. Vizcaya*  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

M 7/11/40

151-904-435